Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I								SMALL	ENTITY	•	OTHE	THAN	
			(Colur	nn 1)	(Col	(Column 2)		TYPE		OF		OTHER THAN SMALL ENTITY	
TOTAL CLAIMS						•		RATE	FEE		RATE		
FOR			NUMBE	NUMBER FILED		NUMBER EXTRA		BASIC F					
TOTAL CHARGEABLE CLAIMS			109 minus 20=		. 89			X\$ 9=		OF	X\$18=	1	
INDEPENDENT CLAIMS			3 minus 3 =		*			X43=	+	┥.	700		
М	ULTIPLE DEPE	NDENT CLAIM	PRESENT		<u></u>				 		×00=		
*	f the differenc	e in column 1 is	s less than	zero, enter	"0" in	column 2	i !	+145=		OF	+290=		
			·	MENDED - PART II				TOTAL		OR	TOTAL		
		(Column 1)	AMENDE	(Colum	nn 2)	(Column 3)		SMALL	. ENTITY	OR		R THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONA FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	RST PRESENTATION OF MULTIPLE DEPENDER			CL AINA	=	Ī	X43=		OR	X86=	1	
	11.0111.20	LITTATION OF IVI	OLTIPLE DE	PENDENT	CLAIM			+145=		OR	+290=	·	
							Ļ	TOTAL	 	اري	TOTAL		
		(Column 1)		(Colum	n 2)	(Column 3)	Α	DDIT. FEE	<u> </u>	_	ADDIT. FEE	<u></u>	
8		CLAIMS		HIGHE		(00/01/11/3)	r		ADDI	-			
		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
AMENDMENT	Total	*	Minus	**		=	上	X\$ 9=	FEE_	OR	X\$18=	FEE	
ME	Independent	*	Minus	***		= .	十	X43=		1 1			
`	FIRST PRESE	NTATION OF MU	JLTIPLE DEI	PENDENT C	CLAIM		⊢			OR	X86=		
•				,,,,,,			L	+145=		OR	+290=		
TOTAL ADDIT. FEE										OR ,	TOTAL ODIT. FEE		
-		(Column 1)		(Column		(Column 3)		•				·	
CNOMIENIC	· ·	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	Independent	*	Minus	***		= .	\vdash			OR			
`_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
!t	the "Highest Nur	nber Previously Pai nber Previously Pai ber Previously Paid	d For IN THIS id For IN THIS	S SPACE is le	ess than .	20, enter "20."		TOTAL DIT. FEE	ronriate has	OR A	TOTAL DDIT. FEE		